

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.

FILING DATE

APPLICANT(S)

CLAIMS

| | AS FILED | | AFTER 1st AMENDMENT | | AFTER 2nd AMENDMENT | |
|--------------|----------|------|------------------------|------|------------------------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 1 | 1 | | | | | |
| 2 | | 1 | | | | |
| 3 | | 1 | | | | |
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| 7 | | 1 | | | | |
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| 9 | | 1 | | | | |
| 10 | | 1 | | | | |
| 11 | | 1 | | | | |
| 12 | | 1 | | | | |
| 13 | | 1 | | | | |
| 14 | | 2 | | | | |
| 15 | | 1 | | | | |
| 16 | | 1 | | | | |
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| 33 | | 2 | | | | |
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| TOTAL IND. | 4 | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | 54 | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | 58 | | | | | |

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|--------------|------|------|------|------|------|------|
| | IND. | DEP. | IND. | DEP. | IND. | DEP. |
| 51 | | 2 | | | | |
| 52 | | 1 | | | | |
| 53 | | 1 | | | | |
| 54 | | 1 | | | | |
| 55 | | 1 | | | | |
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| TOTAL IND. | | ↓ | | ↓ | | ↓ |
| TOTAL DEP. | | ↔ | | ↔ | | ↔ |
| TOTAL CLAIMS | | | | | | |

* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS

BEST AVAILABLE COPY